

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082747

1. Entity Name

METRO SMALL BUSINESS SERVICES INC.

(R)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90012 007 \*\*\*150.00

Principal Place of Business

28150 DOVEWOOD CT. #104  
BONITA SPRINGS FL 34135

Mailing Address

28150 DOVEWOOD CT. #104  
BONITA SPRINGS FL 34135

2. Principal Place of Business

5051 CASTELLO DR

3. Mailing Address

5051 CASTELLO DR

Suite, Apt. #, etc.

SUITE 40

Suite, Apt. #, etc.

SUITE 40

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3647747

Applied For

Not Applicable

Zip

34135

Country

COLLIER

Zip

34103

Country

COLLIER

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAVARINIS, PETER  
28150 DOVEWOOD CT. #104  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter Javarinis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/00 941.947-6450

Daytime Phone #

CR2E034 (5/00)

5051 Castello Drive • Suite 40  
Naples FL 34103  
Tel (941) 947-6450 • Fax (941) 498-4758

Attachment P9900082747  
40572044  
**LedgerPlus®**

JULY 31, 2000

RE:

METRO SMALL BUSINESS SERVICES INC.  
DOCUMENT # P99000082747

ENCLOSED PLEASE FIND TH 2000 UNIFORM BUSINESS REPORT. THIS IS THE FIRST NOTIFICATION RECEIVED. WE'VE HAD TROUBLE WITH OUR MAIL DELIVERY SINCE WE MOVED HERE.

WE SHOULD NOT BE PENALIZED FOR SOMETHING WHICH IS NOT OUR FAULT. THEREFORE, WE ASK THAT THE PENALTY BE WAIVED.

SINCERELY,



PETER JAVARINIS  
PRESIDENT